

Foster Family Home - Corrective Action Report

Provider ID: 1-170068

Home Name: Meryll Kathleen V. Dadulla,
CNA

Review ID: 1-170068-2

94-1285 Huakai Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 5/25/2018

End Date: 06/02/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a new 2 client CCFFH certification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 6/25/18.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1)

7.1(a)(2)- Second set of APS/CAN/Fingerprinting results for CG#2 and CG#6 not present in the home's folder. Initial APS/CAN/Fingerprinting done 3/23/17.

Foster Family Home Personnel and Staffing [17-1454-41]

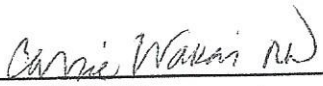
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

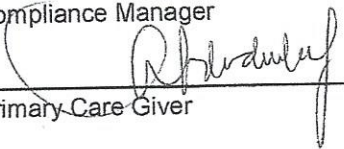
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(b)(7)-No current TB clearance present for CG#2.

41(b)(8)-No current First aid training and blood borne pathogen training present for CG #2.


Compliance Manager


Primary Care Giver

5/25/18
Date

5/25/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MERYLL KATHLEEN DADULLA

CCFFH Address: 94-1285 HUAKAI ST. WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	Tuberculosis clearance has obtained for CG#2 and placed in home folder	06/01/18	Set alarm for 2 months before Tuberculosis clearance expire. Remind caregiver to get tb clearance a month before it expire. Set an appointment and confirmation to MD.
41.(b)(8)	Current Blood borne pathogen, CPR, and First Aid Training for CG#2 completed and was place in the home folder	06/01/18	Mark calendars and save it in folder where you can be seen easily in your files. Set alarm for 2 months before Blood borne pathogen, CPR, and First Aid Training expire.
7.1(a)(2)	Updated APS/CAN/ Fingerprint results for CG#2 has obtained and placed in home folder	06/02/18	Mark calendars and save it in folder where you can be seen easily in your files. Set alarm for 2 months before APS/CAN/ Fingerprint expire.
7.1(a)(1) 7.1(a)(2)	APS/CAN/ Fingerprint for CG#6 not obtained. Removed CG#6.	06/02/18	Make checklist where you can write down requirements needed for Substitute Caregiver application.

Primary Caregiver's Signature: _____

Print Name: MERYLL KATHLEEN DADULLA Date of Signature: 06/02/18